# SpecialOffers@Anthem<sup>™</sup>

## Anthem.

# Fitness Reimbursement Program - Log Card

Name:	 	 	
Address:	 	 	
Phone:	 	 	
Memher's ID #			

### All workouts must be in the same calendar year.

To meet exercise requirements within a calendar year, this log card must be started no later than October 1st of a given calendar year.

### Return along with Fitness Reimbursement Form and receipts to:

Anthem Blue Cross and Blue Shield — Claims Department PO Box 533 · North Haven, CT 06473-0533

FITNES CA	SS LO	)G	Record daily exercises here. (Instructor confirmation initials go inside box.)					
Record dates at the beginning of		Day 1		Day 2		Day 3		
each week here.		Exercise	Initial	Exercise	Initial	Exercise	Initial	
Week 1		1						
Week 2		1						
Week 3	1	1						
Week 4	1	1						
Week 5	1	1						
Week 6	1	1						
Week 7	1	1						
Week 8	1	1						
Week 9	1	1						
Week 10	1	1						
Week 11	1	1						
Week 12	1	1						
Week 13	1	1						

# SpecialOffers@Anthem<sup>ss</sup>



# Fitness Reimbursement Program - Log Card

Name:		 	 
Address:		 	 
Phone:		 	 
Member's ID	#:		

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Week 2	1	1						
Week 3	1	1						
Week 4	1	1						
Week 5	1	1						
Week 6	1	I						
Week 7	1	I						
Week 8	1	I						
Week 9	1	1						
Week 10	1	1						
Week 11	1	I						
Week 12	1	1						
Week 13	I	1						